



## AHCCCS Provider Training Survey



The AHCCCS Claims Department is considering conducting training session for fee-for-service providers beginning in late May. Contingent upon provider interest, sessions will be conducted in Phoenix and *may* be conducted in Flagstaff and Tucson.

The training sessions are designed to provide a forum whereby AHCCCS can disseminate general fee-for-service billing information to providers. The sessions also will allow providers to discuss issues with AHCCCS Claims staff. It is anticipated that these meetings will last 2½ to 3 hours.

If you are interested in participating in one of these training sessions, please complete the form below and fax it to the AHCCCS Claims Policy/Training Unit at (602) 256-1474. You also may mail this form to:

AHCCCS Claims Policy/Training Unit  
701 E. Jefferson Street, MD 8100  
Phoenix, AZ 85034

Please return this form no later than March 15, 2003. Thank you.

Provider Name: \_\_\_\_\_

Provider Type:

(e.g., physician, hospital,  
emergency transportation, etc.)

AHCCCS Provider ID: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Suggested topics: \_\_\_\_\_

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I would prefer to attend a training session in (Please indicate first, second, and third choice):

Phoenix \_\_\_\_\_ Tucson \_\_\_\_\_ Flagstaff \_\_\_\_\_